

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048493

FILED
Apr 01, 2008
Secretary of State

Entity Name: LAND POTENTIAL DEVELOPMENT, LLC

Current Principal Place of Business:

7006 N. CENTRAL AVENUE
TAMPA, FL 33604

New Principal Place of Business:

7006 N CENTRAL AVENUE
TAMPA, FL 33604

Current Mailing Address:

10313 EAST HWY 40
SILVER SPRINGS, FL 34488

New Mailing Address:

2771 NE 102ND AVENUE ROAD
SILVER SPRINGS, FL 34488

FEI Number: 20-2860140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBONS, GARY A
3221 HENDERSON BLVD.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: STAUDUHAR, WILLIAM P
Address: 657 RIVER PARK CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: SMITH, STEWART G
Address: 4102 CAUSEWAY BLVD.
City-St-Zip: TAMPA, FL 33619

Title: MGR (X) Delete
Name: HAMILTON, JACK S JR.
Address: 311 NORTH NEWPORT AVENUE SUITE 100
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEWART G SMITH

MGR

04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date